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Application Number	10/573,162
Filing Date	May 5, 2006
First Named Inventor	Fabrizio Gasparini et al.
Art Unit	
Examiner Name	
Attorney Docket Number	33364-US-PCT

I hereby revoke all previous powers of attorney given in the above-identified application.☐ A Power of Attorney is submitted herewith.**OR**☒ I hereby appoint the practitioners associated with the Customer Number: 67283☒ Please change the correspondence address for the above-identified application to:☒ The address associated with
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I am the:

☐ Applicant/Inventor.☒ Assignee of record of the entire interest. See 37 CFR 3.71.
*Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)***SIGNATURE of Applicant or Assignee of Record**

Signature

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Date

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NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ *Total of 1 forms are submitted.

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